

# ATTACHMENT 1

## Procedure code conversion chart for dental services

The following table lists the *Current Dental Terminology 4* (CDT-4) procedure codes that providers will be required to use when submitting claims for dental services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Wisconsin Medicaid will no longer reimburse for "0" codes after the implementation of HIPAA.

| Before HIPAA implementation |  | After HIPAA implementation |  |
|-----------------------------|--|----------------------------|--|
| Local procedure code        | Local procedure code description   | CDT-4 procedure code       | CDT-4 procedure code description   |
| W7060                       | Periodic oral exam (additional) — HealthCheck Other Services                         | D0999                      | unspecified diagnostic procedure, by report  |
| W7062                       | Single unit crown — HealthCheck Other Services                                       | D2999                      | unspecified restorative procedure, by report   |
| W7063                       | Non-surgical procedure — HealthCheck Other Services                                  | D9999                      | unspecified adjunctive procedure, by report  |
| W7064                       | Surgical procedure — HealthCheck Other Services                                      | D4999                      | unspecified periodontal procedure, by report   |
| W7116                       | Open tooth for drainage  | D9110                      | palliative (emergency) treatment of dental pain — minor procedure                            |
| W7118                       | Treat periodontal abscess  |                            |  |
| W7126                       | Upgraded crown   | D2791                      | crown — full cast predominantly base metal   |
| W7127                       | Upgraded upper partial denture (including any conventional clasps, rests, and teeth) | D5211                      | maxillary partial denture — resin base (including any conventional clasps, rests and teeth)  |
| W7128                       | Upgraded lower partial denture (including any conventional clasps, rests, and teeth) | D5212                      | mandibular partial denture — resin base (including any conventional clasps, rests and teeth) |
| W7130                       | TMJ office visit   | D0140                      | limited oral evaluation — problem focused  |
| W7310*                      | Fixed prosthodontic retainer   | D6751                      | crown — porcelain fused to predominantly base metal  |
|                             |  | D6791                      | crown — full cast predominantly base metal   |
| W7320*                      | Fixed prosthodontic pontic   | D6211                      | pontic — cast predominantly base metal   |
|                             |  | D6241                      | pontic — porcelain fused to predominantly base metal   |
| W7910                       | Examination, models, consultation — orthodontic                                      | D8660                      | pre-orthodontic treatment visit  |
| W7920*                      | Initial orthodontic treatment — banding service                                      | D8010                      | limited orthodontic treatment of the primary dentition                                       |
|                             |  | D8020                      | limited orthodontic treatment of the transitional dentition                                  |
|                             |  | D8030                      | limited orthodontic treatment of the adolescent dentition                                    |
|                             |  | D8040                      | limited orthodontic treatment of the adult dentition   |
|                             |  | D8050                      | interceptive orthodontic treatment of the primary dentition                                  |
|                             |  | D8060                      | interceptive orthodontic treatment of the transitional dentition                             |
|                             |  | D8070                      | comprehensive orthodontic treatment of the transitional dentition                            |
|                             |  | D8080                      | comprehensive orthodontic treatment of the adolescent dentition                              |
|                             |  | D8090                      | comprehensive orthodontic treatment of the adult dentition                                   |
| W7995                       | Initial consultation, TMJ (TMJ multi-disciplinary evaluation program use only)       | D0160                      | detailed and extensive oral evaluation — problem focused, by report                          |
| W7996                       | Follow-up consultation, TMJ (TMJ multidisciplinary evaluation program use only)      | D0170                      | re-evaluation — limited, problem focused (established patient; not post-operative visit)     |
| W7998                       | TMJ assistant surgeon  | D7899                      | unspecified TMD therapy, by report   |

\*Providers should choose the most appropriate CDT-4 procedure code for local codes replaced by multiple procedure codes.